N433 Care Plan #2

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 10/20/2020	**Patient Initials** MS	**Age (in years & months)** 16 years 3 months	**Gender** Male
Code Status FULL	**Weight (in kg)** 55.1 kg (121 lbs 7.6 oz)	**BMI** 22.2 kg/m2	**Allergies/Sensitivities (include reactions)**

Medical History (5 Points)

Past Medical History: The patient has a medical history of ADHD, anemia, epididymitis (left), facial tic, head trauma, costochondritis.

Illnesses: Lymphadenopathy (2015)

Hospitalizations: No previous hospitalizations.

Past Surgical History: No past surgical history.

Immunizations: MS needs the 2nd round of HPV vaccine, and meningococcal vaccine.

Birth History: He is the 5th child to his mother.

Complications (if any): He was small for gestational age weighing in at 5 lbs 5 oz at birth.

Assistive Devices: No assistive device in use.

Living Situation: He lives at home with his mom (single parent), one brother, and one sister.

Admission Assessment

Chief Complaint (2 points): Chest pain

Other Co-Existing Conditions (if any): N/A

Pertinent Events during this admission/hospitalization (1 points): MS was complaining of chest pain that he rated at 8/10 during his admission.

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History of present Illness (10 points):

MS, a 16-year-old male, presented to Carle with intermittent right-sided chest pain on 10/20/2020. MS stated that the chest pain started on the evening of 10/19/2020 while he was playing video games in his room after consuming a large amount of energy drinks. According to his mom, MS and his friends were rough housing and a friend punched MS in the chest, to which he started feeling pain shortly after. He pointed at the right side of his chest just outside of the sternum. MS reported that the chest pain does not really disappear completely and is aggravated upon exertion. He described the pain as, “someone punching me in the chest.” The pain does not radiate anywhere else, but the area is tender. MS denied any pain on the left side of his chest. He stated that, “it hurts and I don’t know what it is, but the pain gets better when I curl over on my side.” MS rated his pain at an 8/10 upon admission.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Unspecified Angina

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points):

Pathophysiology

In angina, a lack of oxygen supply causes the cardiac muscles to suffer from ischemia (Capriotti & Frizzell, 2016). The ischemia can occur when there is inadequate blood flow through one or multiple arteries in the heart muscle, caused by atherosclerotic plaques or blood clots occluding the blood flow (Capriotti & Frizzell, 2016). The third cause of angina may be caused by coronary artery vasospasm, also called "Prinzmetal (variant) angina" (Hinkle & Cheever, 2018). Lastly, anemia can play a role in causing angina due to the low red blood cell

count. When there is an increased demand for red blood cells in the heart, there will not be enough red blood cells to consistently meet the muscle's needs (Capriotti & Frizzell, 2016).

Expected signs and symptoms, and complications (and specific to pt)

The expected signs and symptoms that may be seen in angina include a crushing left-sided chest pain that radiates through the neck, jaw, and left arm, as well as chest discomfort described as pressure, choking, squeezing, or heaviness on the chest (Capriotti & Frizzell, 2016). One of the hallmark signs of chest pain is Levine's sign - clenching the fist over the sternum when experiencing angina (Capriotti & Frizzell, 2016). An individual experiencing angina may also report weakness or numbness in the arms, wrists, and hands paired with shortness of breath, diaphoresis, dizziness, nausea, and vomiting (Hinkle & Cheever, 2018). Exertion or stress may cause these episodes of pain or discomfort that can last from 1 to 5 minutes (Capriotti & Frizzell, 2016). In some instances, patients may experience pain in the epigastric region that may precipitate vomiting (Hinkle & Cheever, 2018). Two common angina complications include acute myocardial infarction and sudden death caused by dysrhythmias (Capriotti & Frizzell, 2016). MS complained of right-sided chest pain during his physical examination. He denied any pain on the left side of his chest. He did state that the pain he experienced was like "someone punching me in the chest."

Expected vital signs, lab tests, lab findings (specific to pt)

Expected vital signs may include increased heart rate, high blood pressure, low oxygen saturation, and increased respiration (Hinkle & Cheever, 2018). Expected tests may consist of CBC, total blood cholesterol - LDL, HDL, triglycerides - serum electrolytes, cardiac markers - CRP, and troponins (Capriotti & Frizzell, 2016). Expected lab findings may include low red blood cell count, elevated cholesterol, and elevated cardiac markers (Hinkle & Cheever, 2018).

According to MS's labs, he is a relatively healthy child. MS's CRP (0.66) and troponin (1.84) were elevated on admission. Upon assessment, his labs for 10/24/2020 showed a CRP of 0.73 and a troponin of 8.67. MS is on a continuous cardiac monitor and has his troponin levels checked every 8 hours. MS's troponin levels hit a peak of 13.79 on 10/23/2020. There are no concerns at the time of assessment because his troponin was exhibiting a downward trend.

Expected diagnostic testing (tests done for pt)

Expect the provider to order a complete blood examination, chest x-ray, CT scan, EKG, echocardiogram, and exercise or pharmacologic stress test (Capriotti & Frizzell, 2016). MS's provider ordered a complete blood examination, chest x-ray, echocardiogram, chest CT, and 12-lead EKG. His blood examination showed elevated CRP and troponin at admission and on the day of assessment. His chest x-ray, echocardiogram, and chest CT all showed no abnormalities. However, his 12-lead EKG showed sinus rhythm with sinus arrhythmia with occasional PVCs and ST elevation.

Expected treatments (treatments ordered for pt)

Expected treatments for angina include medications such as nitrates (nitroglycerin), analgesics (acetaminophen), NSAIDs (ketorolac), beta-blockers (metoprolol), calcium channel blockers (amlodipine), antiplatelet (aspirin), anticoagulants (enoxaparin) (Hinkle & Cheever, 2018). The provider may also order supplemental oxygen if indicated (Hinkle & Cheever, 2018). The provider has ordered acetaminophen and ketorolac for pain management for MS. Metoprolol was administered during his CT scan to achieve a heart rate of less than 65 beats per minute.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives.* F.A. Davis Company.

Hinkle, J. L. & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity: As tolerated	The provider ordered for activity as much as MS can tolerate without causing any further pain.
Diet/Nutrition: Regular diet	MS is not on any special diets.
Frequent Assessments: Vital signs Q4 Continuous cardiac monitoring	Vital signs are being assessed Q4H to make sure that there are no abnormal trends. MS is on continuous cardiac monitoring to make sure that there are no acute events that may result from the injury.
Labs/Diagnostic Tests: Troponin	Troponin is being monitored by Q8H to monitor a decreasing trend to make sure that there are no other underlying problems.
Treatments: N/A	N/A
Other: N/A	N/A
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
N/A	N/A
N/A	N/A

N/A	N/A

Laboratory Data (15 points)

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range (specific to the age of the child)	Admission or Prior Value	Today's Value	Reason for Abnormal Value
RBC	3.9-5.0	4.54	N/A	Normal lab value
Hgb	12.0-15.5	13.1	N/A	Normal lab value
Hct	35-45%	39.6	N/A	Normal lab value
Platelets	150-500 K	192	N/A	Normal lab value
WBC	4.5-11 K	9.59	N/A	Normal lab value
Neutrophils	1.54-7.04	4.65	N/A	Normal lab value
Lymphocytes	11.8-45.9%	34.4	N/A	Normal lab value
Monocytes	4.4-13.0%	12.7	N/A	Normal lab value
Eosinophils	0.0-6.3%	3.9	N/A	Normal lab value
Basophils	0-3	0.3	N/A	Normal lab value
Bands	0.0-5.0%	N/A	N/A	N/A

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission or Prior Value	Today's Value	Reason For Abnormal
Na-	135-145	138	N/A	Normal lab value

K+	3.5-5.0	4.5	N/A	Normal lab value
Cl-	98-108	98	N/A	Normal lab value
Glucose	70-100	90	N/A	Normal lab value
BUN	8-25	14	N/A	Normal lab value
Creatinine	0.6-1.2	0.84	N/A	Normal lab value
Albumin	3.5-5.0	4.1	N/A	Normal lab value
Total Protein	6.0-8.3	7.8	N/A	Normal lab value
Calcium	8.6-10.4	9.8	N/A	Normal lab value
Bilirubin	0.0-1.2	0.4	N/A	Normal lab value
Alk Phos	35-105	206	N/A	Normal lab value
AST	0-35	11	N/A	Normal lab value
ALT	24-36	10	N/A	Normal lab value
Amylase	30-110	N/A	N/A	Normal lab value
Lipase	12-70	N/A	N/A	Normal lab value

Troponin-I	<0.05	1.84	8.67	An elevated troponin indicates an injury to the cardiac muscles that may indicate an MI (Hinkle & Cheever, 2018). MS was admitted for angina. A downward trend has been observed since the peak elevation (13.79 - 10/23) of the patient's troponin levels.

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Admission or Prior Value	Today's Value	Reason for Abnormal
ESR	0-10	13	N/A	Normal lab value
CRP	0.0-0.29	0.66	0.73	Elevated CRP is indicative of inflammation in the body (Hinkle & Cheever, 2018). An elevated CRP can also indicate inflammation specific to the heart (Capriotti & Frizzell, 2016). The patient was admitted for unspecified angina.
Hgb A1c	<6%	N/A	N/A	N/A
TSH	0.358-3.740	0.972	N/A	Normal lab value

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Admission or Prior Value	Today's Value	Reason for Abnormal
Color & Clarity	Yellow Clear	Yellow Clear	N/A	Normal lab value
pH	5.0-8.0	6.0	N/A	Normal lab value
Specific Gravity	1.005-1.034	1.026	N/A	Normal lab value
Glucose	Negative	Negative	N/A	Normal lab value
Protein	Negative	Negative	N/A	Normal lab value
Ketones	Negative	Negative	N/A	Normal lab value
WBC	<5	0	N/A	Normal lab value
RBC	0-4	0	N/A	Normal lab value
Leukoesterase	Negative	Negative	N/A	Normal lab value

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Admission or Prior Value	Today's Value	Explanation of Findings
Urine Culture	Negative	Negative	Negative	Normal lab value
Blood Culture	Negative	Negative	Negative	Normal lab value
Sputum Culture	Negative	Negative	Negative	Normal lab value
Stool Culture	Negative	Negative	Negative	Normal lab value
Respiratory ID Panel	Negative	Negative	Negative	Negative for COVID-19

Lab Correlations Reference (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives.* F.A. Davis Company.

Hinkle, J. L. & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

1. Chest x-ray: allows visualization of the chest cavity for diagnosis of conditions like congestive heart failure and visualization of the lung fields (Hinkle & Cheever, 2018). This test was ordered for MS to see what may have caused the angina.
2. Chest CT: allows visualization of blocked arteries in the chest (Capriotti & Frizzell, 2016). This test was ordered for MS to see if there are any blockages in the cardiac arteries that can lead to the angina MS experienced.

3. 12 lead EKG: allows visualization of the electrical activity of the heart (Hinkle & Cheever, 2018). This test was ordered for MS to see if there are any disruptions in the cardiac electrical activity that can be related to angina.
4. Echocardiogram: assists in diagnosis of heart conditions by creating images of the heart. This allows the provider to see the heart's activities such as visualizing the heart valves, the chambers, and the pumping of the heart (Hinkle & Cheever, 2018). This test was ordered for MS to see if there are any cardiovascular abnormalities related to the angina.

Diagnostic Test Correlation (5 points):

1. Chest x-ray: The chest x-ray showed no cardiomegaly, pneumothorax, or pleural effusions. No other abnormalities noted.
2. Chest CT: The chest CT showed no abnormalities.
3. 12 lead EKG: MS EKG showed ST elevation. Presence of ST elevation may be indicative of an MI (Hinkle & Cheever, 2018). The EKG also showed sinus rhythm with sinus arrhythmia with occasional PVCs. MS is on continuous cardiac monitor and Q8H troponin laboratory test to make sure there are no further complications.
4. Echocardiogram: The echocardiogram showed no abnormalities.

Diagnostic Test Reference (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives.* F.A. Davis Company.

Hinkle, J. L. & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins

Current Medications (8 points)
****Complete *ALL* of your patient's medications****

Brand/Generic	**Tylenol** acetaminophen	**Toradol** ketorolac	**Protonix** pantoprazole	**Lopressor** metoprolol	**Zofran** ondansetron
Dose	650 mg	22 mg	40 mg	2 mg	4 mg
Frequency	Q4H; PRN	Q6H; PRN	Daily before breakfast	Q5min; PRN	Q8H; PRN
Route	PO	IV push	PO	IV push	IV push
Classification	Analgesic; antipyretic	NSAID	Proton pump inhibitor	Antianginal; antihypertensive	Antiemetic
Mechanism of Action	Acts on the temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2.	Inhibits synthesis of prostaglandins in body tissues by inhibiting COX-1 and COX-2.	Inhibits the final step in gastric acid production by blocking the exchange of intracellular H+ and extracellular K+, which prevents H+ from entering the stomach and forming more HCl acid.	Inhibits stimulation of beta 1 receptor sites in the heart resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand.	Blocks serotonin receptors centrally – this reduces nausea and vomiting by preventing serotonin release in the small intestine.
Reason Client Taking	Mild pain (1-3); moderate pain (4-6)	Severe pain (7-10)	Reflux	Achieve a HR <65 in CT scan	Nausea and vomiting
Concentration Available	160 mg/5 ml	30 mg/mL	40 mg (1 tablet)	2 mg	2 mg/mL
Safe Dose Range Calculation	160 - 3,900 mg	30 - 130 mg	40 - 240 mg	2 - 50 mg	4 - 16 mg
Maximum 24-hour Dose	3,900 mg	130 mg	240 mg	50 mg	16 mg
Contraindications (2)	Hypersensitivity; severe hepatic impairment	Asthma; clotting disorder	Current therapy with rilpivirine-containing products; hypersensitivity	Acute heart failure; cardiogenic shock	Long QT syndrome; hypersensitivity
Side Effects/Adverse Reactions (2)	Hepatotoxic; hypotension	Nausea; vomiting	Chest pain; dyspnea	Angina; nausea	Elevated liver enzymes; constipation

Nursing Considerations (3)	Check liver function labs before administration; monitor for renal dysfunction; Do not exceed recommended dosage.	Potential risk for cardiovascular damage; Severe skin reactions may occur; May increase risk of hyperkalemia.	Don't give pantoprazole within 4 weeks of testing for H. pylori because antibiotics with PPI's may produce false-negative results; Administered delayed release 30 minutes before a meal; monitor urine output because pantoprazole may cause acute interstitial nephritis.	Use cautiously in patients with angina; assess EKG of patients who take metoprolol because they may be at risk for AV block; be aware that patients with a history of severe anaphylactic reactions may be more reactive	Monitor patient closely for signs and symptoms of hypersensitivity; monitor patient's electrocardiogram as ordered; this is not a drug that stimulates gastric or intestinal peristalsis.
Client Teaching needs (2)	Tablets can be crushed; Take the medication as prescribed.	Avoid taking aspirin or other NSAIDs; Store at room temperature out of direct sunlight.	Swallow this medication whole and do not chew it; notify your provider if you notice a decrease in urine output.	Notify the provider if your HR goes below 60bpm; Do not stop the drug abruptly.	Report any dizziness or fast/irregular heartbeat; store at room temperature away from direct light and moisture.

Medication Reference (APA):

Jones & Bartlett Learning. (2019). *Nurses drug handbook.*

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	MS was awake, alert and oriented to person, place, time, and situation (x4). There were no signs of distress noted. MS was well built and well nourished.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:**	Braden Score: 23 (not a skin risk) The skin was warm, dry, intact, and appropriate in color for race with good turgor, noted.

Turgor: **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	No rash, bruises, or wounds noted. No drains present.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	The patient's head is normocephalic and midline with no deviations. The neck is long with trachea in midline. The patient exhibited PERRLA and the six cardinal fields of gaze. The tympanic membrane is pearly, grey in color, and intact bilaterally. There was no drainage in the patient's ears. His nose showed no deviated septum. His nose showed equal turbinates, bilaterally. The oral mucosa is pink, moist, and intact with teeth present. Tongue was pink in color. Thyroid was midline. No abnormalities noted.
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	S1 and S2 were heard with bradycardic rate. The patient is bradycardic at rest. Pedal and radial pulses were strong and graded at 2+ bilaterally. His capillary refill was less than 3 seconds. No additional heart sounds, murmurs, or JVD noted. No edema noted.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	The patient's respirations were even and unlabored at 14 breaths/min with no signs of accessory muscle use. The patient's chest moved with each respiration with no chest wall deformities observed. His O2 saturation was noted at 99% on room air.
GASTROINTESTINAL (2 points): **Diet at home:** **Current diet:** **Height (in cm):** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:**	Ht: 157.5 cm Wt: 55.1 kg Last BM: 10/23/2020 The patient was not on any special diet at home; he was on a regular diet during his inpatient stay.

Inspection: **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	His abdomen was soft and nondistended with active bowel sounds in the all four quadrants after auscultating for 3-5 minutes. The abdomen was flat and moved with respirations. There was no organomegaly noted. No distention, incision, scar, drain, or wound noted. No feeding tubes in use. No mass palpated. No discomfort reported.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	Upon assessment, the patient's urine was clear and yellow in the toilet. The amount was not recorded. No distention of the bladder noted. The patient did not report any changes in voiding or dysuria. Patient was not on dialysis. There was no catheter in use.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Fall Score: 0 (not a fall risk) The patient was able to perform active range of motion in both upper and lower extremities, bilaterally. He exhibited equal strength in all four extremities.The doctor ordered for activity as tolerated. The patient is up ad lib. There was no joint swelling noted. No discomforts reported.
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	MS speaks English as his primary language and responded appropriately for his age. He was alert and oriented x4. The patient moved all extremities well (MAEW). PERRLA was noted. MS's strength was equal bilaterally in all four extremities. His mental status is appropriate for his age. Sensory and judgement are intact. No change in LOC noted.
PSYCHOSOCIAL/CULTURAL (2	MS lives at home with his mother and 2 older

points): **Coping method(s) of caregiver(s):** **Social needs (transportation, food, medication assistance, home equipment/care):** **Personal/Family Data (Think about home environment, family structure, and available family support):**	siblings. He does not attend school and is home schooled. He has not attended his classes for several days. He has a healthy amount of friends who he likes to spend time with and play video games with.

Vital Signs, 1 set (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	59 bpm	111/57 mm Hg	14 bpm	36.5 C (97.7 F)	99% RA

Normal Vital Sign Ranges (2.5 points)
****Need to be specific to the age of the child****

Pulse Rate	60-100 bpm
Blood Pressure	100-120/60-80 mm Hg
Respiratory Rate	12-20 bpm
Temperature	97.4 - 99.6 (F)
Oxygen Saturation	95-100%

Normal Vital Sign Range Reference (APA):

Hinkle, J. L. & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins.

Ricci, S.S., Kyle, T., Carman, S. (2017). *Maternity and Pediatric Nursing* (3rd ed.). Wolters Kluwer.

Pain Assessment, 2 sets (2 points)

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
0800	Numeric	None	0/10	None	None
Evaluation of pain status *after* intervention	Numeric	None	0/10	None	None
Precipitating factors: MS reported no pain during assessment. **Physiological/behavioral signs:** There were no signs of pain during assessment.					

Intake and Output (1 points)

Intake (in mL)	**Output (in mL)**
4 oz of water (120 mL)	Not measured in the toilet

Developmental Assessment (6 points)
Be sure to highlight the achievements of any milestone if noted in your child. Be sure to highlight any use of diversional activity if utilized during clinical. There should be a minimum of 3 descriptors under each heading

Age Appropriate Growth & Development Milestones

1. Have more interest in romantic relationships (Ricci et al., 2017).
2. Show increased desire for independence from parents (Ricci et al., 2017).
3. Spend more time with peers and less time with parents (Ricci et al., 2017).

Age Appropriate Diversional Activities

1. Listening to his favorite music (Ricci et al., 2017).
2. Watching his favorite movie(s) (Ricci et al., 2017).
3. Playing video games - MS loves video games (Ricci et al., 2017).

Psychosocial Development:

Which of Erikson's stages does this child fit?

MS fits in the "Identity vs Confusion" stage of Erikson's developmental stage (Ricci et al., 2017).

What behaviors would you expect?

I would expect a child (adolescent) in this stage of development to have a high desire of exploring their independence and continually develop a sense of self (Ricci et al., 2017).

What did you observe?

MS was on FaceTime with his mother during my 1100 assessment and she was asking him questions on what he would like her to bring for a change of clothes. She offered some options and showed them to MS, to which he replied somewhere along the lines of, "mom, that's not me, find something more of this…"

Cognitive Development:

Which stage does this child fit, using Piaget as a reference?

MS fits in the "Formal Operational" stage of Piaget's developmental stages (Ricci et al., 2017).

What behaviors would you expect?

I would expect a child in this stage to be able to use symbols to understand abstract concepts. A child in this stage would also be able to think about multiple variables and come up with a complex hypothesis based upon prior knowledge (Ricci et al., 2017).

What did you observe?

MS was able to confirm the events leading up to his chest pain. He was able to tell me that the rough housing and consumption of a large amount of energy drinks played a role in the development of his chest pain.

Vocalization/Vocabulary:

Development expected for child's age and any concerns?

A child of this age should be able to understand double meanings and subject words. They should also be able to communicate appropriately with their peers and other individuals that involve complex ideas (Ricci et al., 2017). A child not meeting these criterias should raise concern in the parent and healthcare provider.

Any concerns regarding growth and development?

There are no concerns regarding growth and development of MS.

References

Ricci, S.S., Kyle, T., Carman, S. (2017). *Maternity and Pediatric Nursing* (3rd ed.). Wolters Kluwer.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis ● Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** ● Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** ● How did the patient/family respond to the nurse's actions? ● Client response, status of goals and outcomes, modifications to plan.
1) Risk for decreased cardiac tissue perfusion related to angina as evidenced by right-sided chest pain.	The patient was admitted with a chest pain he rated at 8/10, elevated CRP, and troponin values.	1) Administer medications as ordered. 2) Identify and eliminate causative factors.	**Goal:** MS will report a decrease in pain after interventions. MS reported no pain during the 0800 and 1100 assessment at clinical.
2) Anxiety related to cardiac symptoms as	The patient was unsure with what	1) Identify causative factors.	**Goal:** MS will describe a coping pattern.

evidenced by the statement, “it hurts and I don’t know what it is.”	the pain was associated with at the time of admission.	2) Use age appropriate language to explain the causes of anxiety in the child.	The nurse discussed coping strategies with MS his for anxiety related to his chest pain.
3) Impaired comfort related to angina as evidenced by consistent pain prior to interventions.	The client cannot lay down flat because this position aggravates his chest pain.	1) Assess for sources of discomfort related to chest pain. 2) Promote rest and sleep.	**Goal:** MS will be able to achieve desired level of comfort to promote rest. MS sleeps with the HOB elevated at 15-30 degrees.
4) Social isolation related to inpatient stay as evidenced by multiple days of stay.	Upon assessment, MS has been admitted for 3 days.	1) Encourage the patient to talk with his peers through phone calls. 2) Encourage family members to visit the patient when appropriate.	**Goal:** MS interacts with his family members and peers when appropriate. MS’s sister visited him during clinical. He was also on FaceTime with his mother picking out his outfit that she will bring in later in the day.

Other References (APA):

Carpenito, L. J. (2017). *Handbook of nursing diagnosis*. Wolters Kluwer.

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*. Elsevier.

Concept Map (20 Points):

Subjective Data

-Right-sided chest pain rated at 8/10
-Pain decreases when he curls over on his side
-A friend punched him in the chest the night (10/19) prior to admission (10/20)
-Drank a lot of energy drinks while playing video games on (10/19)

Objective Data

-EKG: ST elevation, sinus rhythm with sinus arrhythmia with occasional PVCs

-Troponin: 1.84 (admission), 13.79 (10/23), 8.67 (10/24)

-CRP: 0.66 (admission), 0.73 (10/24)

Patient Information

MS is a 16-year-old male who was admitted to Carle on 10/20/2020 for unspecified chest pain.

Nursing Diagnosis/Outcomes

1) Risk for decreased cardiac tissue perfusion related to angina as evidenced by right-sided chest pain.
Outcome: MS will report a decrease in pain after interventions.
2) Anxiety related to cardiac symptoms as evidenced by the statement, “it hurts and I don’t know what it is.”
Outcome: MS will describe a coping pattern.
3) Impaired comfort related to angina as evidenced by consistent pain prior to interventions.
Outcome: MS will be able to achieve desired level of comfort to promote rest.
4) Social isolation related to inpatient stay as evidenced by multiple days of stay.
Outcome: MS interacts with his family members and peers when appropriate.

Nursing Interventions

1) Administer medications as ordered.
2) Identify and eliminate causative factors.
3) Identify causative factors.
4) Use age appropriate language to explain the causes of anxiety in the child.
5) Assess for sources of discomfort related to chest pain.
6) Promote rest and sleep.
7) Encourage the patient to talk with his peers through phone calls.
8) Encourage family members to visit the patient when appropriate.